Sharp v. South Central Regional Jail 2:19-cv-00336

				2:19-cv-003	36	
Dorfa	- Show	UNITED S	STATES DIST	TRICT COURT 351 WEST VIRGINIA	71455	
W/	Jarri Valle	n CS mari	ely	# 348484	9	NAMES INSTITUTE
	Jere	my Camp		#3536754	OCT -	<u> 2018</u>
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	ke ö	aled I		35162117	RORY L. PERRY U.S. District of Southern District of	I, CLERK Court Nest Virginia
		we the full name of the plant in this action).	aintiff	(Inmate Reg. # of e	ach Plaintiff)	
VE	RSUS		CIVIL A	CTION NO. 2:18-c	v-1335	
			(Number	to be assigned by Court	<i>'</i>)	
	outh Ge	Hal Keg JAil	/			
						
		e the full name of the depots in this action)	fendant			
			COMPLAIN	<u>IT</u>		
I.	Prev	ious Lawsuits				
	A.			e or federal court dealing vise relating to your imp		
		Yes	No			

В.	is n	If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).				
	1.	. Parties to this previous lawsuit:				
	,	Plaintiffs:				
	•					
		Defendants:				
	2.	Court (if federal court, name the district; if state court, name the county);				
	3.	Docket Number:				
	4.	Name of judge to whom case was assigned:				
	5.	Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?				
	6.	Approximate date of filing lawsuit:				
	7.	Approximate date of disposition:				

II.	Plac	e of Present Confinement: SCRS		
	A.	Is there a prisoner grievance procedure in this institution?		
		Yes No		
	В.	Did you present the facts relating to your complaint in the state prisoner grievance procedure?		
		Yes No		
	C.	If you answer is YES:		
		1. What steps did you take? pot a Grievance in,		
		2. What was the result? <u>No responce</u>		
	D.	If your answer is NO, explain why not:		
III.	Parti	es		
	and p	em A below, place your name and inmate registration number in the first blank lace your present address in the second blank. Do the same for additional iffs, if any.)		
	A.	Name of Plaintiff: Joseph Lobots III + 3516277		
		Address: 509 vine St South Charleston wy 25300		
	В.	Additional Plaintiff(s) and Address(es):		
		5 Don LANE White Plains NY. 10607		
Plen	y Cam	PHIS BAYCOR CANE CHAS, UD 25312		

	offic blan	tem C below, place the full name of the defendant in the first blank, his/her sial position in the second blank, and his/her place of employment in the third k. Use item D for the names, positions, and places of employment of any tional defendants.)
	C.	Defendant:
		is employed as:
		at
	D.	Additional defendants:
IV.	State	ment of Claim
_ =	is inv not gi numb space	here as briefly as possible the <u>facts</u> of your case. Describe how each defendant olved. Include also the names of other persons involved, dates and places. Do ive any legal arguments or cite any cases or statutes. If you intend to allege a er of related claims, set forth each claim in a separate paragraph. (Use as much as you need. Attach extra sheets if necessary.)
<u> US & </u>		lep, where we shower, where we work
145	0.	a Everything + more is doing Athing.
<u> 160.</u>	X 17	+ 611

I(Jere	oup CAUSING ME TO COUGH CONSTANTLY
		CIOCOCO (UNAMINICO

AND STAY STUFFY TON THE NOSE

IV. Statement of Claim (continued):	
why do we have to live in a unsanitary	
environment with Black mold on every until including	7
the cell wall's and the Shower walls also in the Kitcher	
Also every Kind of of hep ABC is aron a outbred	
right now and we can't even get bleach or clearing	
Supplys on a regular basis. Think the mold could	
be causing me to have shortness of breath.	
V. Relief	
State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.	,
Justice	

V.	Rel	ief (continued)):
-		
VII.	Cou	nsel
	A.	If someone other than a lawyer is assisting you in preparing this case, state the person's name:
	В.	Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?
		Yes No
		If so, state the name(s) and address(es) of each lawyer contacted:
	7777-10	
		If not, state your reasons:
	C.	Have you previously had a lawyer representing you in a civil action in this court?
		Yes No

If so, state the lawyer's name and address:	
Signed this 16th day of Sept , 2018. Nouch Strangles 3571755 William Color	
Earl M. Hoover III Signature of Plaintiffs Lideology window and the first state of the state o	
Executed on 9/16/18 (Date)	
Signature of Movant/Plaintiff	1 17
Signature of Attorney	

(if any)



Clerk United States District Court P.O. Box 2546 Charleston, Mest Mrsinia 25349

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CHARLESTON WAY 22

1001 Cartre Way Charleston W.V. 25309 EARIN. HOOVER III